

# Application For Marriage Records

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Please Check  
( ) Certified ( ) Plain

1. Full Name of Male on License	First Name	Middle Name	Last Name
2. Full Name of Female on License	First Name	Middle Name	Last Name
3. Date of Marriage	Month	Day	Year

( ) I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone( ) \_\_\_\_\_

Relationship to Person Named in Item 1 or 2 Above \_\_\_\_\_

Purpose of Obtaining this Record \_\_\_\_\_

**If the certified copy is to be mailed to a different person, please complete:**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## WARNING

The penalty for knowingly making a false statement in this form can be 2 -10 years in prison and a fine up to \$10,000.00  
(Vernon's Texas Health and Safety Code, Chapter 195)

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_